

Children's Attachment



**ATTACHMENT IN CHILDREN AND YOUNG
PEOPLE WHO ARE ADOPTED FROM CARE, IN
CARE OR AT HIGH RISK OF GOING INTO
CARE**

Structure of Document



- Chapter One: National Clinical Guideline
Explains what are clinical guidelines, how developed, committee, and aims – for those not familiar with NICE process
- Chapter Two: Introduction to Children’s Attachment
Uncontroversial and helpful summary of Attachment Theory. Plus outline of psychological treatments in England and Wales
- Chapter Three: Methods used to develop the guidelines



- Chapter Four: Biological factors associated with development of Attachment Difficulties in Children and Young People. Useful summary, recommends no genetic screening.
- Chapter Five: Environmental factors associated with the development of attachment difficulties in Children and Young People
Looks uncontroversial with sensible recommendations
- Chapter Six: Process and arrangement features for taking children and young people into local authority care associated with an increased or decreased risk of developing or worsening attachment difficulties. Again sensible recommendations



- **Chapter Seven: Prediction of Attachment Difficulties**
Considers use of parental sensitivity tool to guide decisions on interventions and to monitor progress
- **Chapter Eight: Identification and assessment of attachment difficulties**
Useful summary of assessment tools available with recommendations
- **Chapter Nine: Interventions for Children and Young People on edge of care**
- **Chapter Ten: Interventions of Children and Young People in care**



- Chapter Eleven: Interventions for children and young people who have been adopted
Same recommendations as for chapter ten
- Chapter Twelve: Pharmacological Interventions concludes not to treat attachment difficulties with pharmacological interventions, and co-morbid difficulties in line with previous guidance

Recommendations



- 57 recommendations in total. Listed in short version, evidence detailed in full version

Section 1.1: Mostly uncontroversial but note 1.1.12 re siblings and 1.1.18 re pharmacology

Section 1.2: Uncontroversial and helpful re schools

Section 1.3: Largely uncontroversial but note 1.3.8 – does this have implications for independent practitioners?

Sections 1.4 – 1.6: Interventions. We are likely to want to comment on these

- 9 of these are listed as a priority for implementation (p8 short version). 5 refer to intervention

Research Recommendations



- 5 research recommendations (p31 to 36 short version)
- These are all helpful

Note especially:

2.3: Evaluate currently unevaluated but extensively used interventions for attachment difficulties.

(No interventions specifically mentioned but this will help us apply for funding for DDP related research)

Strength of recommendation



Note terminology in the recommendation:

Must/must not = legal duty to apply recommendation

Should/should not/offer/refer/advise = Strong recommendation

Could/Consider = other options may also be cost effective

Review of Interventions to prevent or treat attachment difficulties for children in care system



Interventions considered for this review include:

- video feedback,
- multidimensional treatment package,
- parent sensitivity and behavioural training,
- parent training, education and support programme,
- parent–child psychotherapy,
- parent psychotherapy
- cognitive behavioural therapy

Studies were included if they measured at least 1 of 4 critical outcomes:

- attachment difficulties,
- maternal sensitivity,
- maternal responsiveness
- placement breakdown

Interventions for children and young people on edge of care



Preschool

Video feedback by trained professionals. If no change after 10 sessions go to multi-agency review

If parents refuse video feedback use sensitivity and behaviour training - Single session plus 5 – 15 follow-up sessions over 6 months by trained professionals to include coaching, reinforcement, increase parent quality and homework

If no improvement – multi-agency review and then home visiting to improve parentings skills over 18 months

At risk of maltreatment: Parent-child psychotherapy using Cicchetti & Toth model weekly for 1 year

Primary and Secondary School Age

Parental sensitivity and behaviour training adapted for age of child

If been maltreated

Trauma focused CBT and other interventions recommended by NICE for PTSD

Interventions for children and young people in care or adopted

Preschool

Video feedback by trained professionals. If no change go to multi-agency review

If parents refuse video feedback use sensitivity and behaviour training -

Primary and Secondary School Age

Residential Care

Work with staff group and provide attachment figures for CYP

+ parental sensitivity and behaviour training adapted for residential staff

Take into account physical and sexual development, transition to adolescence, conflict re birth family

Primary and Secondary School Age

Intensive training and support for foster carers and adoptive parents before placement and 9-12 months after placement to include behaviour mgmt., support for peer relationships and school work and defusing conflict

+ group cognitive and interpersonal skills sessions for child/YP

Transition to secondary school

Group based training and education programme for parents

+ group based training and education for child/YP

Positives



- Clearly states this guidance is not a substitute for professional knowledge and clinical judgement – worth noting on any guidance for commissioners
- Clearly states that service context is as important as specific treatment – ‘need to organize care to support and encourage a good therapeutic relationship.’
- Recognizes needs of adopted children.
- Recognizes importance of support to schools
- Useful summary of attachment measures
- Useful summary of research regarding biological factors
- Generally recognises importance of longer term interventions.
- Recognises importance of maintaining relationships with previous carers.

Negatives



- No recognition of trauma needs and relationship fears of children and need to address these through interventions. No reference to Perry, Seigel, Van der Kolk etc
- Therefore recommends traditional evidence based interventions for associated difficulties with no recognition of need to calm over-aroused nervous systems.
- Only considers behavioural parenting programmes, and gives cautious support for ‘time out’.
- Recommends siblings staying together without acknowledging impact of parenting multiple children with attachment difficulties.
- Does not acknowledge the need to resolve parental trauma and suggests that improving parent outcomes is subsidiary and therefore no focus on parental mental health!!

Sound like DDP?



“In the absence of trial data, if non-evidence-based interventions are to be chosen, it would seem sensible to choose therapies that are based in empirically supported theory of how secure attachments develop, and on established psychological therapies which address related issues such as self-esteem, emotional regulation, enhancing communication and family functioning, as well as psycho-educational interventions that help to explain the impact of maltreatment and the nature of attachment relationships to parents/carers either individually, or in groups. Much of the work is dyadic – working with the parent and child together – which makes sense given the nature of attachment relationships and the challenges of building a trusting relationship with a therapist.

Work that relates to reducing shame, experiencing empathy, learning to co-regulate emotional and physiological arousal is a promising area for this dyadic and family work.”

[page 29, Full version]

Consultation Priorities



- Look at chapter two, section on psychological treatments
- Focus on chapters 10, and 11.
- Focus on chapter 9, esp if interested in children on edge of care
- If time look at chapter 6

Two key questions are asked:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)

Remember our feedback needs to be evidenced

Please give page and line number of the document and state whether it is the full or short document with any comments you provide.